No 1

Anasarca
Hydrocephalus No. 60 Acutus
De ——— ~~Antiarsus Emetic~~

An Enquiry Into the Nature and cure of Anasarca

~~By [illegible] of Chemistry of the [illegible]~~

~~[illegible] March 28. 1816~~

By James I. Johnson of Maryland.

read March 28. 1816.

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Dropsy is a preternatural collection of serous or watery fluid in the cellular substance, or in the different cavities of the body. This disease obtains different appellations, according to the situation it may occupy in the body. It is term'd Anasarca when diffus'd thro' the cellular substance; Hydrothorax when the water is lodg'd in the cavity of the chest, Ascites when it is in the cavity of the abdomen, Hydrocephalus Internus, in the head &c. It appears that persons of all ages & sexes are equally liable to Dropsy. There is in the human body a watery vapour continually exhaled & poured into the numerous cavities & interstices which are capable of receiving it. This vapour is in the ordinary healthy state of the system, again taken up by a set of vessels peculiarly suited to the purpose, called the absorbents. If however there should be a superfluous exhaustion of fluid, an accumulation of it ensues which constitutes the disease in question. This accumulation may proceed from a diminished power in the absorbents, as well as an increased action of the exhalants, Hence

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then it would seem that dropsy depends upon one or other of the foregoing circumstances — or in other words upon a disproportion existing between the exhaling & absorbing systems. Dropsy may proceed from an immense variety of causes — But I think they may be divided into 3 kinds 1st such as diminish the power of the absorbents 2nd such as increase the power of the exhalants. — and 3d the rupture of the thoracic duct. Among the remote causes of dropsy enumerated by medical writers, a family predisposition is one of the most prominent. It is somewhat a question=able point with me, whether there really does exist in the human body a priori, any such tendency to the accumulation of fluid. The effect perhaps is produced exclusively by peculiar habits of life transmitted from the parent to the offspring — which gives it the appear=ance of being an hereditary disease. Scirrhosities of the liver more especially & of the other abdominal viscera very frequently are causes of dropsy by the pressure they produce upon the ascending vena cava. Intermittents are amongst the most common causes of dropsy and

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perhaps from the circumstance of the persons just mentioned from a scirrhous state of the liver, which state is extremely apt to attend intermittents of long standing. The long continued habit of intoxication & all such causes as impair the digestive powers. Preceeding diseases of almost every description when they induce great debility, have a strong tendency to excite dropsy. Obstructions in the heart arteries & lungs, such as Polypi &c. I hope this cursory view of the disease under consideration will suffice for my present purpose I deem it quite unnecessary to give a more detailed history - as I do not intend to treat distinctly upon each of its forms - on the contrary shall confine myself to that only, which is called Anasarca. And in the comparative view which I purpose taking of the various modes of treatment, shall endeavour to shew forth the superior efficacy of B.S. and cathartics in that state of the disease attended with febrile action. Anasarca then is a collection of fluid in the cellular membrane which makes its appearance after the application of one or

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more of the causes cited, by a soft-inelastic tumefaction of the feet & ancles; manifesting itself more especially in evening and subsiding again toward morning; but supervening the next evening for several days — This tumefaction yields to the pressure of the Fingers whose mark it will retain for a time — gradually rising to a level with the surface. The skin becomes more pallid & transparent than formerly — after a while the tumefaction is more extended — ascending gradually; showing itself upon the thighs & trunk, even until the face and eyelids participate in the swelling. At length the cellular membrane throughout the whole body becomes more or less replete, and at this stage of the disease difficultas spirandi comes on, accompanied with a watery expectoration. The urine is various both in quantity & appearance sometimes of a pale whitish colour and copious, then again it is of a higher colour, depositing a red colour sediment after standing — and much diminished in quantity. Thirst, obstructed perspiration, yellow countenance and emaciation of the whole body ensue with a slow fever.

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a trial, It sometimes happens in despite of all we know of the modus operandi of medicines, that after the most energetic have been employed for a long time ineffectually, by resorting to some comparatively inert of the same class, we are capable of effecting a cure to our great surprise.

It remains for us now to meet the 3d indication, which is to restore the tone of the system ~~of the~~ and to invigorate the general habit. For this purpose the various tonics and astringents have been resorted to – such as the cinchona bark chalybeates and the acids together with moderate exercise, frictions with warm flannel and supporting the dependant parts of the body with bandages. It has been customary likewise to combine diuretics with tonics in the event of very great prostration of strength. The diet in Dropsy should be light & nutritious constituted principally of meats which are easily digested and as has been already mentioned the patient should drink freely.

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Besides all these various means to cure dropsy there remains to be mentioned one which I have seen very successfully employed in sufficient cases within the last two years, whilst I resided at Washington City. In that state of the system in which Dr Withering forbids the use of Digitalis it is may unquestionably be resorted to with advantage at the same time that we use purgatives & diuretics. The first case which I saw healed after this manner was that of Mrs Dawson in the Washington Infirmary. Her legs and feet were immensely tumified, and her abdomen partially so; her pulse was quick & her countenance florid and her system not excessively debilitated. Dr Thos Sim, whose pupil I was, advised me upon treating her case by bleeding & purging, under which treatment she happily recovered and has since had no return of the disease. The two other cases were so nearly similar both in pathology and in their cure, that it is unnecessary to detail them. I have likewise had two other cases of the same sort, since furnished to me, where the same treatment was successful.

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